§4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§4.112 Weight loss.

Minor weight loss or greater losses of weight for periods of brief duration are not considered of importance in rating. Rather, weight loss becomes of importance where there is appreciable loss which is sustained over a period of time. In evaluating weight loss generally, consideration will be given not only to standard age, height, and weight tables, but also to the particular individual's predominant weight pattern as reflected by the records. The use of the term "inability to gain weight" indicates that there has been a significant weight loss with inability to regain it despite appropriate therapy.

§4.113 Coexisting abdominal conditions

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic

code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rat- ing
7200 Mouth, injuries of.	
Rate as for disfigurement and impairment of function of mastication.	
7201 Lips, injuries of. Rate as for disfigurement of face.	
7202 Tongue, loss of whole or part: With inability to communicate by speech	100
One-half or more	60 30
7203 Esophagus, stricture of: Permitting passage of liquids only, with marked	
impairment of general health	80
Severe, permitting liquids only	50 30
7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the de-	
gree of obstruction (stricture). 7205 Esophagus, diverticulum of, acquired.	
Rate as for obstruction (stricture). 7301 Peritoneum, adhesions of:	
Severe; definite partial obstruction shown by X-	
ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting,	
following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage	50
Moderately severe; partial obstruction mani- fested by delayed motility of barium meal and	
less frequent and less prolonged episodes of pain	30
Moderate; pulling pain on attempting work or aggravated by movements of the body, or occa-	
sional episodes of colic pain, nausea, con-	
stipation (perhaps alternating with diarrhea) or abdominal distension	10
Mild Note: Ratings for adhesions will be considered	0
when there is history of operative or other traumatic or infectious (intraabdominal) proc-	
ess, and at least two of the following: disturb- ance of motility, actual partial obstruction, re-	
flex disturbances, presence of pain.	
7304 Ulcer, gastric. 7305 Ulcer, duodenal:	
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent	
hematemesis or melena, with manifestations of anemia and weight loss productive of defi-	
nite impairment of health	60
pairment of health manifested by anemia and weight loss; or recurrent incapacitating epi-	
sodes averaging 10 days or more in duration	
at least four or more times a year Moderate; recurring episodes of severe symp-	40
toms two or three times a year averaging 10 days in duration; or with continuous moderate	
manifestations Mild; with recurring symptoms once or twice	20
yearly	10
Pronounced; periodic or continuous pain	
unrelieved by standard ulcer therapy with peri- odic vomiting, recurring melena or	
hematemesis, and weight loss. Totally inca-	100